

SCHOOL ELECTION INFORMATION SHEET

DATE OF ELECTION:		
ELECTION TIME:		
NAME OF ELECTION:		
NAME OF ORGANIZATION:		
LOCATION OF ELECTION:		
APPROXIMATE # OF VOTERS:		
CONTACT PERSON:		
OFFICE TELEPHONE #:		
CELL PHONE #:		
FAX #:		
COMMENTS REGARDING S	CHOOL ELECTION OR GENERAL COMM	IENTS:
BALLOT LAYOUT ATTACHED:	YES NO	
SIGNATURE:		
DATE:		